

INDIVIDUAL RESIDENT STATUS
W.S. § 16-6-101(a)(i)(A)

AFFIDAVIT:

State of _____
County of _____

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
Owner
doing business as _____
Name of DBA
of _____
Wyoming Business Street Address
City of _____ County of _____ State of _____
with a mailing address of _____
Address City/State/Zip Telephone Number

being duly sworn, deposes and says s/he is the owner of the business and has been a resident of the state for one (1) year or more immediately prior to bidding upon the contract or responding to a request for proposal.

Please Indicate Type of Business (check all that apply):
Erection _____ Construction _____ Alteration _____ Repair _____

Note: This office does not certify resident suppliers or consultants.

Individual Owner's Name: _____
Permanent Home Street Address: _____
Address City/State/Zip
Home Telephone: _____ Length of Residency in WY/Above Address: ____/____
WY Driver’s License No.: _____ Issued: _____ Expires: _____

Note: PLEASE PROVIDE A PHOTOCOPY OF YOUR DRIVER’S LICENSE. IF THE LICENSE IS AN EXTENSION, PLEASE PROVIDE A COPY OF THE BACK OF THE LICENSE ALSO. WE WILL NOT PROCESS THIS AFFIDAVIT WITHOUT A COPY.

_____, being duly sworn, deposes and says that s/he is
Individual Owner's Name
the individual owner of _____ and that the foregoing information
Business Name
is true and accurate.

Owner's Signature

Sworn to before me on this ____ day of _____, 20____.

Notary Public

INCOMPLETE OR UNSIGNED FORMS WILL BE RETURNED FOR CORRECTION